

Name: \_\_\_\_\_ Case #: | | | | | | | | | | | | | | | | | | | | | |

Date of Interview: \_\_\_\_/\_\_\_\_/\_\_\_\_ Site/Program ID: | | | | | | | | | | Current Status: [ ]- Enrollment [ ]-180-Day [ ]-Other

Living Arrangements: [ ]-Independent [ ]-Boarding House [ ]-With friend or relative [Who? \_\_\_\_\_]

[ ]-Supervised Independent Living [ ]-Supervised Group Living [ ]-AFA [ ]-Institutional [ ]-Homeless [ ]-Other \_\_\_\_\_

*Instrument developed for Indiana Division of MH by Frederick L Newman with John McGrew, Kay Hodges, Paul Sherman, & Siobhan Morse, under the direction of Richard DeLiberty & the Hoosier Assurance Plan Pilot Instrument Advisory Panel.*

**INSTRUCTIONS:** Assess functioning in each area. Use the last 30 days as the time frame for the ratings. The specific problems listed within each area should guide the assessment of the behaviors to be considered in a rating. Probe questions are provide as opening questions only. You must refer to the *Guidelines for Scoring Instructions* for specific scoring information. Evidence to support an audit of the record should be provided either on this form or in an accessible clinical narrative (as indicated by your agency's policy), organized under the six major headings used in scoring this instrument. To compute the factor score, sum the items identified within each.

		Possible Factor Sums
FACTOR SCORE SUMMARY: FACTOR-1. Symptoms of Distress & Mood [Sum items A + B + C ] -----		[ 3 - 21 ]
FACTOR-2: Physical & Health Status [Item D ] -----		[ 1 - 7 ]
FACTOR-3 Community Functioning [Sum items E + F + G + H ] -----		[ 4 - 28 ]
FACTOR 4. Social Support - Skills, & Housing [Sum items I + J + K + L ] -----		[ 4 - 28 ]
FACTOR 5. Risk Behavior & Substance Use [Sum items M + N1 through N6 ] -		[ 7 - 49 ]
FACTOR-6 Reliance on Mental Health Services (Item O) -----		[ 1 - 7 ]
FACTOR N Substance Use [Sum items N1 through N6 ] -----		[ 6 - 42 ]



**FACTOR-1: SYMPTOMS OF DISTRESS & MOOD** Compute Factor Score = Sum of items: A + B + C = | | |

**A. CONSUMER'S RATING OF SYMPTOM DISTRESS** "Do you have symptoms that cause you a lot of distress or interfere with your day-to-day functioning?"

LC None	Minimal Distress or Interference: manages symptoms with effort	Moderate Distress or Interference: manages only with extra effort & support	Severe Distress or Interference: does not manage distress
(0) (7)	(6) (5)	(4) (3)	(2) (1)

Rate overall level of distress and explore with the consumer those areas under B and C, that apply to what the consumer is describing.

**B. ANXIETY - WORRYING** "Do you have anxieties or worries that interfere with your daily functioning?"

LC None	Minimal Interference: symptoms controlled with effort	Moderate Interference: symptoms controlled only with extra effort & support	Severe Interference: little/no symptom control
(0) (7)	(6) (5)	(4) (3)	(2) (1)

[ ]- Excessive worry [ ]- Aches and pains [ ]- Panic attacks [ ]- Obsession - compulsion [ ]- Sustained effects of trauma

**C. DEPRESSION - SAD, BLUE, or SUICIDAL THOUGHTS/ACTIONS** "Are there times when you feel very sad and/or want to withdraw from all others, or you have had thoughts of hurting or injuring yourself?"

LC None	Minimal Sadness: symptoms controlled with effort	Moderate Sadness: symptom control requires extra effort and support	Severe Sadness: Does not control symptoms, close supervision
(0) (7)	(6) (5)	(4) (3)	(2) (1)

[ ]-Social Withdrawal [ ]-Difficulty Sleeping, eating [ ]-Loss of interest or pleasure [ ]-Difficulty with concentration  
[ ]-Feelings of worthlessness [ ]-Suicidal thoughts, intent or plan [ ]-Self mutilation [ ]-History of dangerousness to self over last 12 months

**FACTOR-2: (Item D) HEALTH & PHYSICAL STATUS** "Do you have any persistent medical or physical condition that interferes with your daily functioning?"

LC None	Minimal Interference: manages daily activities with effort	Moderate Interference: functions only with extra effort & support	Severe Interference: continued supervision & support required
(0) (7)	(6) (5)	(4) (3)	(2) (1)

[ ]-Chronic [ ]-Acute [ ]-Both [ ]-Condition associated with substance use History of ( )-DTs ( )-Seizures ( )-Other [ ]- Consumer pregnant

**Compute Factor Score = Sum of items: E + F + G + H =** /   /   /

**Minimal Difficulty:**  
maintains activity with effort

**LC None**

⑦ 0

⑤ ⑥

**Moderate Difficulty:**  
maintains activity with extra  
effort & support

④ ③

**Severe Difficulty:**  
only with close supervision

② ①

[ ]- Maintaining occupational functioning [ ]- Danger of losing job [ ]- Needs close supervision on job [ ]- Educational activities

**Minimal Difficulty:**  
maintains skills with effort

**LC None**

⑦ 0

⑥ ⑤

**Moderate Difficulty:**  
maintains skills only with  
extra effort and support

④ ③

**Severe Difficulty:**  
requires supervision in all  
aspects

② ①

**Difficulty with:**

[ ]- Personal self-care, bathing, and dressing appropriately [ ]- Cooking, and cleaning the eating and living areas

[ ]- Manage own housing needs    [ ]- Manage finances    [ ]- Shop    [ ]- Use transportation    [ ]- Access, use community resources

Minimal Difficulty:  
compensates with extra effort

**LC None**

⑦ 0

⑥ ⑤

**Moderate Difficulty: difficult to compensate without support**

④ ③

**Severe Difficulty: does not compensate, intervention required**

② ①

*[ ] - Loses track of time [ ] - Forgets recent events [ ] - Unable to stay on task [ ] - Trouble shifting tasks [ ] - Difficulty learning new tasks*

1- Problems with basic 3 Rs. If YES, identify grade level

**[ ] - Memory problems or unevenness Source: ( ) -Physical ( ) - Medication ( ) - Substance use**

Minimal Impact on Functioning: controlled with effort

**LC None**

⑦ 0

⑥ ⑤

Moderate Impact on Functioning: control only with extra effort & support

④ ③

**Severe Impact on**  
**Functioning: little to no**  
**control**

② ①

1- Hears, sees, or smells things with no physical reference    1- Talks of being controlled by others    1-Delusions (Ideas, belief)

[ ] - Talks about things with bizarre or magical content      [ ] - Incoherent, vague communication      [ ] - Makes remarks unrelated to topic

FACTOR - 4: SOCIAL SUPPORT, SOCIAL SKILLS & HOUSING					Compute Factor - 3 Score = Sum of items: I + J + K + L = / / /					
<b>I. SOCIAL-FAMILY SUPPORT &amp; INTERPERSONAL RELATIONS</b>					<u>Minimal Difficulty:</u> obtains support with effort		<u>Moderate Difficulty:</u> difficult seeking/obtaining support without help		<u>Severe Alienation:</u> no support available	
<u>"Do you feel that your family or friends are close to you and help you when you need help?"</u>					LC None					
					(0) (7)		(6) (5)		(4) (3)	
									(2) (1)	
<input type="checkbox"/> - Feels isolated, little to no family or friends' support <input type="checkbox"/> - Has access to family-friends, but is alienated from them <input type="checkbox"/> - Shows no/little interest in others <input type="checkbox"/> - Difficulty initiating or maintaining contact with others <input type="checkbox"/> - Difficulty with working relationships <input type="checkbox"/> - Difficulty establishing close relationships <input type="checkbox"/> - Family-friends have a negative influence on consumer										
<b>J. CONSUMER'S SATISFACTION WITH LIVING ARRANGEMENT</b>					<u>Minimal Distress:</u> with extra effort deals with current arrangement		<u>Moderate Distress:</u> with effort & support deals with current housing or making a move		<u>Severe Distress:</u> requires supervision with current situation, possibly help with a move	
<u>"Do you consider your current living arrangement stressful?"</u>					LC None					
					(0) (7)		(6) (5)		(4) (3)	
									(2) (1)	
Number of moves in 6 months / / <input type="checkbox"/> -Level of Supervision or support the consumer wants ( )- much more or ( )- much less.										
<b>K. VICTIMIZATION</b> "Are there times when your life or your environment is, or appears to be dangerous for you?"					<u>Minimal Threats:</u> recognizes and deals with dangers with effort		<u>Moderate Threat:</u> recognizes but difficult dealing with dangers without support		<u>Severe Threats:</u> does not see or recognize danger, close supervision & support required	
					LC None					
					(0) (7)		(6) (5)		(4) (3)	
									(2) (1)	
<input type="checkbox"/> - Physical violence by others(s) ( )- Actual or ( )- Threatened <input type="checkbox"/> - Emotional or verbal abuse by others <input type="checkbox"/> - Environment is dangerous, e.g., by persons, vermin, fire danger <input type="checkbox"/> - History of victimization										
<b>L. DISRUPTIVE - INAPPROPRIATE BEHAVIOR</b>					<u>Minimal Interference:</u> controls, behavior, but only with effort		<u>Moderate Interference:</u> controls behavior only with extra effort & support		<u>Severe Interference:</u> little - no control, supervision required	
<u>"Are there times when you have trouble controlling your angry impulses or when others find your behavior to be inappropriate?"</u>					LC None					
					(0) (7)		(6) (5)		(4) (3)	
									(2) (1)	
<input type="checkbox"/> - Heightened emotionality, or agitation which is frightening to others <input type="checkbox"/> - Interpersonal conflicts at home, work or in the community <input type="checkbox"/> - Talks abusively to others <input type="checkbox"/> - Physically or sexually assaultive ( )- Actual ( )- Threatened <input type="checkbox"/> - Inappropriate sexual behaviors/ advances <input type="checkbox"/> - Exhibits bizarre behaviors <input type="checkbox"/> - Destructive to property <input type="checkbox"/> - Behavior associated with substance use										

Consumer ID: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>FACTOR - 5: RISK BEHAVIOR &amp; SUBSTANCE ABUSE</b>				
Compute Factor Score = Sum M + N1 + N2 + N3 + N4 + N5 + N6 = / / /				
<b>M. RISK BEHAVIOR</b> "Do you do things that put you at risk of getting hurt or getting into trouble?"	<u>LC None</u>  (0) (7)	<u>Minimal Problem: avoids activity with effort</u>  (6) (5)	<u>Moderate Problem: avoids activity with effort and support</u>  (4) (3)	<u>Severe Problem: does not avoid activity, close supervision</u>  (2) (1)
<input type="checkbox"/> - Criminal activity (e.g., theft, prostitution, deal drugs) <input type="checkbox"/> - Unsafe sex, including "sex for drugs" <input type="checkbox"/> - Frequent/excessive use of substances				
<b>N. SUBSTANCE ABUSE</b> "Do you use alcohol or illegal drugs?" Use Substance Abuse Scale in the manual. Note that the clinical notes should contain the information related to each of the 6 sub-scales				
<b>N1: ALCOHOL</b> Use last 30 days, Average ---        - # Drinks per day:,        - \$ per mo.	(0) (7)	(6) (5)	(4) (3)	(2) (1)
<b>N2: Rate severity for the last 48 hours----</b>	(0) (7)	(6) (5)	(4) (3)	(2) (1)
<b>N3: DRUG</b> Use last 30 days, Average -- ---        - # different drugs,        - \$ per mo.	(0) (7)	(6) (5)	(4) (3)	(2) (1)
<b>N4: Rate severity for the last 48 hours----</b>	(0) (7)	(6) (5)	(4) (3)	(2) (1)
<b>N5 Use over months 2 through 12: -----</b> <input type="checkbox"/> - Alcohol <input type="checkbox"/> - Drugs	(0) (7)	(6) (5)	(4) (3)	(2) (1)
<b>N6: Use over life time -----</b> <input type="checkbox"/> - Alcohol <input type="checkbox"/> - Drugs	(0) (7)	(6) (5)	(4) (3)	(2) (1)
Either here or in your clinical narrative (as agency policy dictates), list the drug(s) used over last 48 hours and primary drugs used over last 30 days. Also note when other Factor ratings are affected by substance use.				
<input type="checkbox"/> -1: Symptoms of Distress/Mood <input type="checkbox"/> -2: Community Functioning <input type="checkbox"/> -3: Social Support, Social Skills & Housing				
<b>FACTOR-6: [Item O]. RELIANCE ON SERVICES TO MAINTAIN COMMUNITY FUNCTIONING</b>				
"How much do you rely on our services to meet life's challenges?"	<u>LC None</u>  (7) (0)	<u>Minimal Reliance: self-manages with effort</u>  (6) (5)	<u>Moderate Reliance: takes responsibility to manage only with extra effort &amp; support</u>  (4) (3)	<u>Severe - Total Reliance: does not take responsibility, requires supervision</u>  (2) (1)
<input type="checkbox"/> - New Case <input type="checkbox"/> - Inpatient psychiatric or substance abuse history        - times psychiatric in last year        - times substance abuse in last year				
<input type="checkbox"/> - Behavioral health treatment history <input type="checkbox"/> - Sustained effects of trauma <input type="checkbox"/> - Frequent service contacts (3+ contacts per week) <input type="checkbox"/> - Arrests        times in last year <input type="checkbox"/> - Current legal status -- Cite status				

**AXIS-V [Global Assessment of Functioning]:** / / /

**Primary Dx:** / / / / / **Secondary:** / / / / /

**Staff ID #:** / / / / / **Date:** / / **Signature:** \_\_\_\_\_

**Type of Review:** / ☐ - Supervisory / ☐ - Peer / ☐ - Records / ☐ - Other: \_\_\_\_\_

**Consumer ID:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_